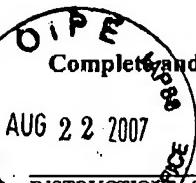


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mall **Mall Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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530 7590 05/23/2007

LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK
600 SOUTH AVENUE WEST
WESTFIELD, NJ 07090

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/797,427	03/10/2004	Edward G. Catiff	08/22/2007 APPLIED 200900127	121095 4410797427

TITLE OF INVENTION: ROOT MANAGEMENT SYSTEM

01 FC:2501	700.00 DA
02 FC:1504	300.00 DA
03 FC:8001	39.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	08/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PALO, FRANCIS T	3644	047-05810R

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK, LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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5. Change In Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date August 22, 2007

Typed or printed name Arnold H. Krumholz

Registration No. 25,428

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FACSIMILE TRANSMISSION
ISSUE FEE TRANSMITTAL AND
PUBLICATION FEE

ATTORNEY DOCKET NO.: APPLIED 3.0-008

APPLICATION NO.: 10/797,427

CONFIRMATION NO.: 4412

MAILING DATE OF NOTICE OF ALLOWANCE: May 23, 2007

FAX NUMBER: (571) 273-2885

PAGES INCLUDING COVER SHEET: 2

PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (908) 654-7866.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

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